

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 29 1998 8:00am
 Secretary of State

0054514

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P92000004391 (8)
 1. Corporation Name
 DISTECNICS CORPORATION



Principal Place of Business Mailing Address
 12162 S.W. 131 AVE 12162 S.W. 131 AVE
 MIAMI FL 33186 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	11/13/1992	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0368723	
24	Country	29	Country	Applied For	
				Not Applicable	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SANTANA, FRANCIS X 12080 SW 10TH TER MIAMI FL 33184				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 Zip Code			

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE X PETER	1.2 NAME	GARCIA-REYES, CAMILO
STREET ADDRESS	XO X OS SHYRIS X094	1.3 STREET ADDRESS	AVE LOS SHYRIS 1094
CITY-ST-ZIP	XQUINTO, ECUADOR	1.4 CITY-ST-ZIP	QUITO ECUADOR
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XEDAX ROBERTO X	2.2 NAME	
STREET ADDRESS	XO X OS SHYRIS X094	2.3 STREET ADDRESS	
CITY-ST-ZIP	XQUINTO, ECUADOR	2.4 CITY-ST-ZIP	
TITLE	D, PST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, MIGUEL	3.2 NAME	
STREET ADDRESS	FRANCISCO BOLONA 304	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUAYAQUIL, ECUADOR	3.4 CITY-ST-ZIP	
TITLE	PST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XMORALES, ALFREDO	4.2 NAME	
STREET ADDRESS	XE TOWN K 138 ET.	4.3 STREET ADDRESS	
CITY-ST-ZIP	XMIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. Or on an attachment with an address.

SIGNATURE: *Miguel Dominguez* MIGUEL DOMINGUEZ 7/21/98 0115939

CR2E034 (5/98)